

ordinary procedures, and enquire whether we are getting from them all that they are capable of giving; whether recent advances may not have given us something which will better meet the case.

The obstetric forceps have been in use since the seventeenth century. There is no more fascinating story in the history of medicine than that telling of their invention and modification. Peter Chamberlen, who died in London in 1631, is generally given credit for their introduction. He was a member of a remarkable family of barber-surgeons and man-midwives, who were accoucheurs successively to the wives of Charles I., Charles II., James II. and William III. The secret of the forceps was carefully guarded in this family for a number of years, but was finally sold in Holland by a grand-nephew of the inventor.

These first instruments were very crude. In the intervening years they have been modified and improved, first by the addition of a pelvic curve, which enabled them to be used whilst the head was still high in the pelvic cavity, and later by the introduction of axis traction, by which the force exerted could be accurately directed. So that we have to-day in the modern axis traction forceps an instrument well nigh perfect for the work required of it. This very efficiency of the instrument is indeed one of its dangers, in that we may be led to expect too much of it.

There is demanded of every obstetrical operative procedure, first safety to the life of the mother, and a minimum of injury or bad after results, and secondly, the safety of the child. The operation we select in a given case demands in all instances the most careful consideration, and we must possess an accurate knowledge of its scope and limitations. The indications for forceps are so many, and they are so frequently employed, that in the exceptional case we are apt to expect too much of them, and so over-step the margin of safety above defined.

Let us consider some of the limitations which this margin of safety imposes. The first and most obvious contra-indication to their use is the absence of full dilation of the cervix. The forceps is an instrument for the second stage of labor; it has no place at all in the first. This is a rule laid down in every text-book of obstetrics, yet sometimes transgressed. The bad results of this too early application of the instrument may not be apparent at the time, but those of us who practise gynecology are only too familiar with them. There can be no doubt that the vast majority of deep lacerations of the cervix are produced in this way. A certain amount of laceration occurs in every first labor, and occasionally a deep tear may occur in an otherwise normal